

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chesterfield</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	1903	Month	November	Day	10
Age	40	Years		Months	
Sex	female	Color or Race	Black	Birth-place	Chesterfield
Occupation	House Wife	Where Residing if not at place of death			
Married, yes or widowed	Never ^{Widowed}				
Father's Name	Herbert Parker	Father's Birthplace	Chesterfield		
Mother's Maiden Name	Elizabeth Branford	Mother's Birthplace	MD		
Name of person giving Information	James E. Lulen	How related to deceased	Friend		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute articular rheumatism</u>	How long	<u>3 days</u>
Immediate	<u>Heart failure</u>	How long	<u>Instantaneous</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. D. N. Bois MD</u>
		Address	<u>Gambrell's MD</u>
Accident or Suicide?			



Name
in
Full

Elsie Burges

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>South River</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>Nov</i>	Day <i>22</i>	Age <i>13</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>South River</i>		
Occupation			Where Residing if not at place of death <i>South River</i>		
Married, Single or Widowed		Name of Wife or Husband <i>W.</i>			
Father's Name <i>William Burges</i>			Father's Birthplace <i>South River</i>		
Mother's Maiden Name <i>Elsie Kirby</i>			Mother's Birthplace <i>A. D. Co.</i>		
Name of person giving Information <i>Sallie Kirby</i>			How related to deceased <i>Grandmother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Meningitis</i>	How long <i>10 days</i>
Immediate <i>Convulsions</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Collinson</i>
	Address <i>South River</i>
Accident or Suicide?	<i>Med</i>



Name
in
Full

CERTIFICATE OF DEATH

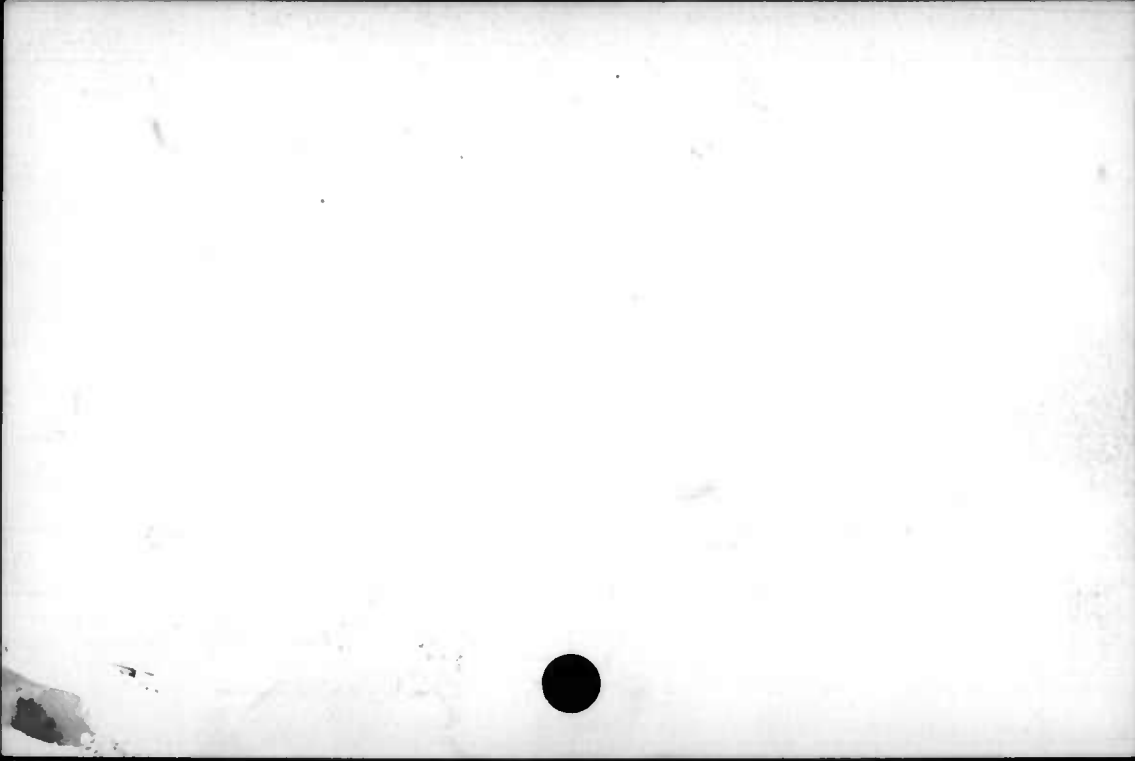
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full James A. Butts		Town Waterbury		County a. a -		MARYLAND	
Died at Waterbury		Month Nov.		Day 30		Years 51	
Date of death 1903		Month Nov.		Day 30		Age 51	
Sex Male		Color or Race White		Birth-place A. A. Co. Md		Months 	
Occupation Laborer		Where Residing if not at place of death 					
Married, Single or Widowed Married		Name of Wife or Husband Maggie					
Father's Name John W. Butts		Father's Birthplace Mary. Co -					
Mother's Maiden Name Sarah E. Popham		Mother's Birthplace Annapolis					
Name of person giving Information Ed. L. Canoe		How related to deceased Nephew					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Carcinoma of face	How long 2 yrs -
Immediate From an aneurysm	How long
Are the name, age, sex, color, date and place correctly given above? Yes -	Signature of Physician A. B. Gault
	Address Willisville Md
Accident or Suicide? 	



Name
in
Full

Cawlay Osborn Crane

CERTIFICATE OF DEATH

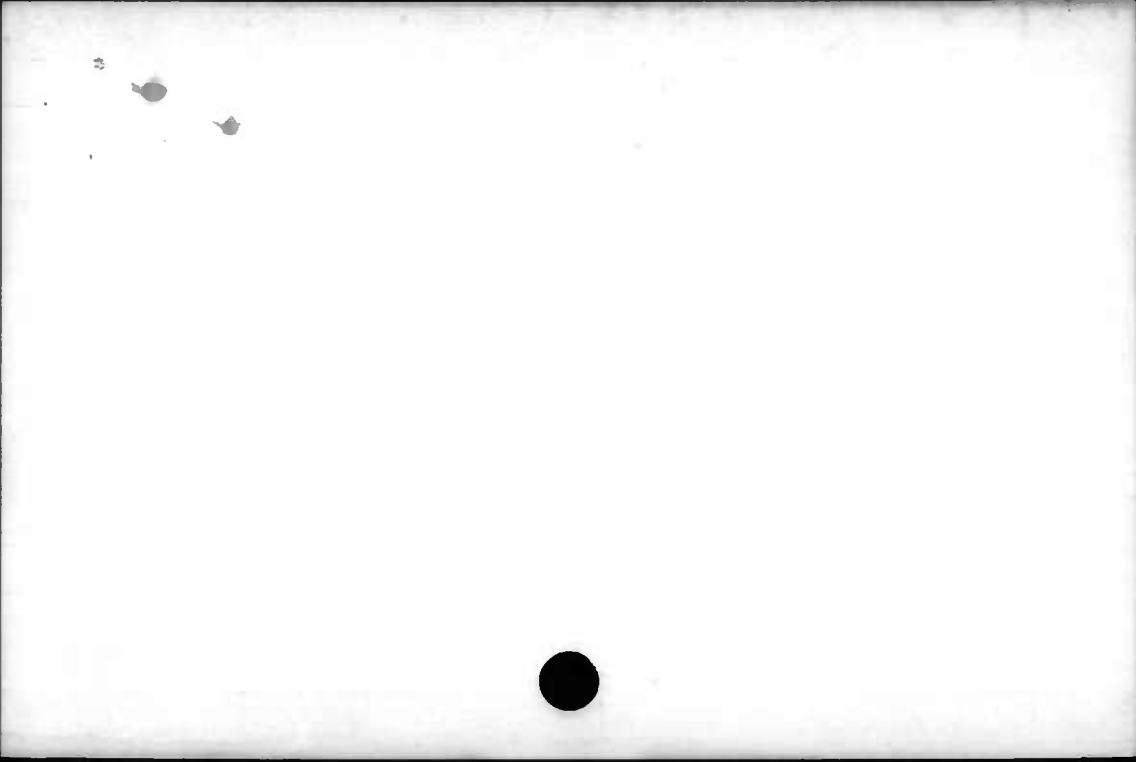
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Waterbury		County Anne Arundel		MARYLAND	
Date of death 190	3	Month June	Day 6	Age	Years	Months 10	Days
Sex	Female		Color or Race	White		Birth- place	Balto & a
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				H m to Crane		Father's Birthplace	Balto Ma
Mother's Maiden Name				Emily E Levering		Mother's Birthplace	Balto "
Name of person giving In formation				H m to Crane		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enterocolitis	How long	3 wks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. B. Gant
		Address	Millsville Md
Accident or Suicide?			



Name
in
Full

Nellie Gardener

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town South River		County Anne Arundel		MARYLAND	
Date of death	1903	Month Nov	Day 23	Age 63	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Anne Arundel Co.
Occupation	Housewife			Where Residing if not at place of death South River			
Married, Single or Widowed	Single		Name of Wife or Husband	Wesley Gardener			
Father's Name	Thomas Yucker				Father's Birthplace	A. A. Co.	
Mother's Maiden Name	Mary Harrison				Mother's Birthplace	A. A. Co.	
Name of person giving Information	John Yucker				How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	5 days
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		John Collinson	
Address		South River	
Accident or Suicide?		Md	



Name
in
Full

Emma B. Gann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
3 Nov		8		25			
Sex	Female	Color or Race	Colored	Birth-place	Annapolis		
Married Single	Single		Occupation	School Teacher			
Name of Wife or Husband							
Father's Name	A. B. P. Gann				Father's Birthplace	Pennsylvania	
Mother's Maiden Name	Hester Gann				Mother's Birthplace	Annapolis	
Name of person giving information	J. A. Adams				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	15 yrs.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. Murphy	
Address		Annapolis Md	
Accident or Suicide?			

Dr Murphy
will please fill this
out for Emma B. Garon
& oblige J. A. Adams

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

1903

Month

Nov.

Day

8

Age

Years

8

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

A. A. Co. Md.

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Henry Allen Grey

Father's
Name

Jos. M. Grey

Father's
Birthplace

A. A. Co.

Mother's
Maiden Name

Not known

Mother's
Birthplace

" "

Name of person giving
Information

Jos. Grey Jr.

How related
to deceased

Son

CAUSES OF DEATH

Primary

Bronchitis Chronic

How long

3 mos.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

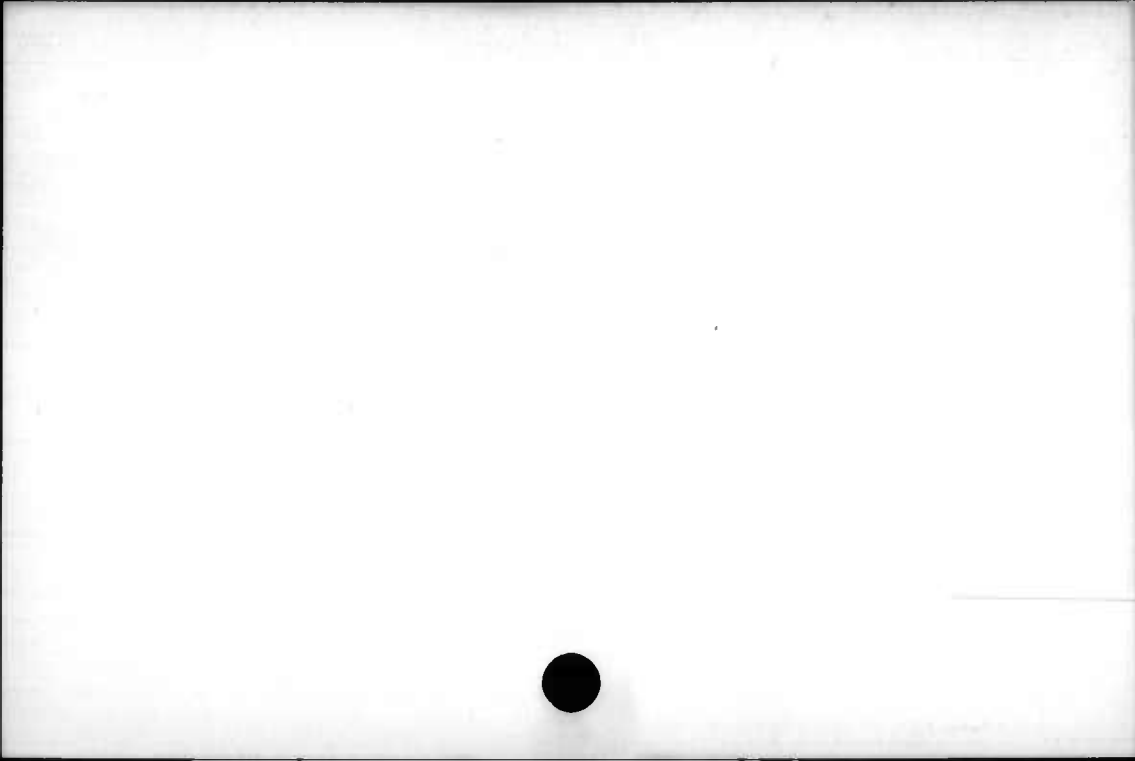
Address

H. B. Gantt

Millsville

Md.

Accident or Suicide?



Name
in
Full

Ellen Hebron

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Hardisty

Town

County

MARYLAND

Date

of death 1903

Month

Nov

Day

22

Age

Years

92

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
placeMarried ~~Single~~~~Widow~~

Occupation

Name of Wife or
HusbandFather's
Name

James Gillard 64

Father's
BirthplaceMother's
Maiden Name

Mabel Gillard

Mother's
BirthplaceName of person giving
In formation

Nancy Dunn

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Apoplexy

How long

11 Year

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

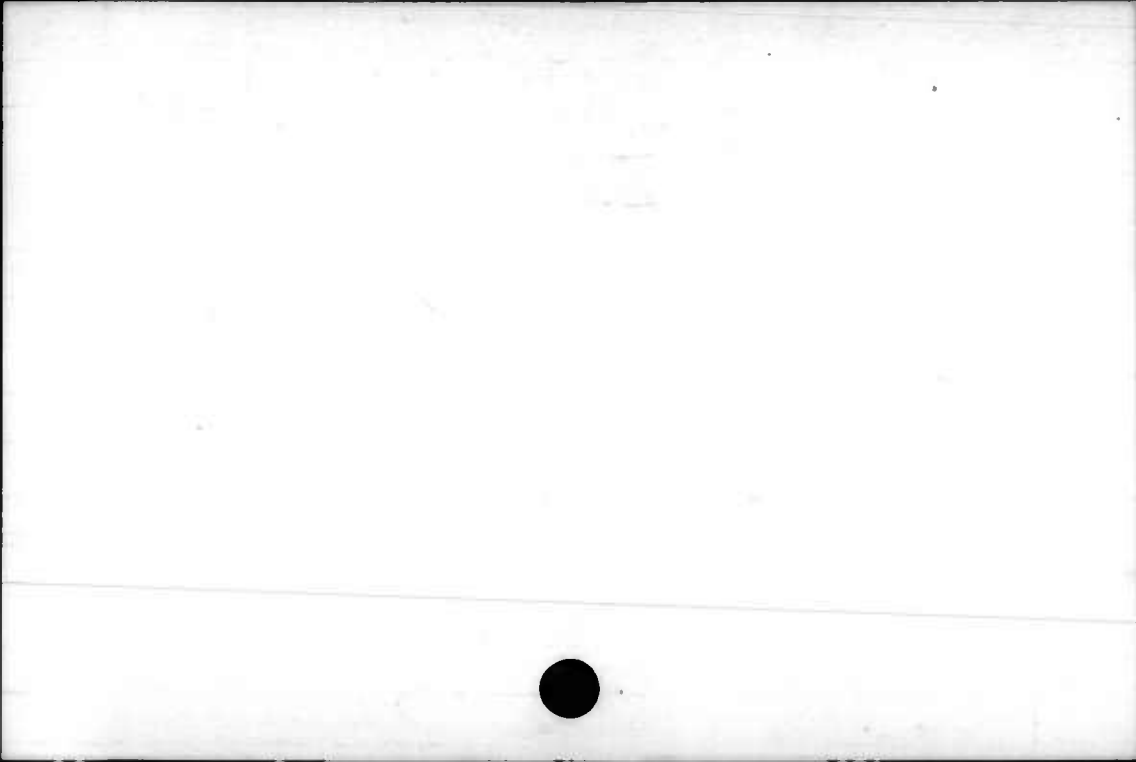
Signature of
Physician

Address

Undertaker
O. J. Harris

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Ellen Jane Ireland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Smithville

County

AA

MARYLAND

Date

of death 1903

Month

Nov

Day

4th

Age

Years

2

Months

8

Days

Sex

Female

Color or
Race

Colored

Birth-
place

AAbo

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Nelson Ireland

Father's
Birthplace

AAbo

Mother's
Maiden Name

Matilda Ireland

Mother's
Birthplace

AAbo

Name of person giving
In formation

Nelson Ireland

How related
to deceased

Father

CAUSES OF DEATH

Primary

Capillary Bronchitis

How long

Four days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

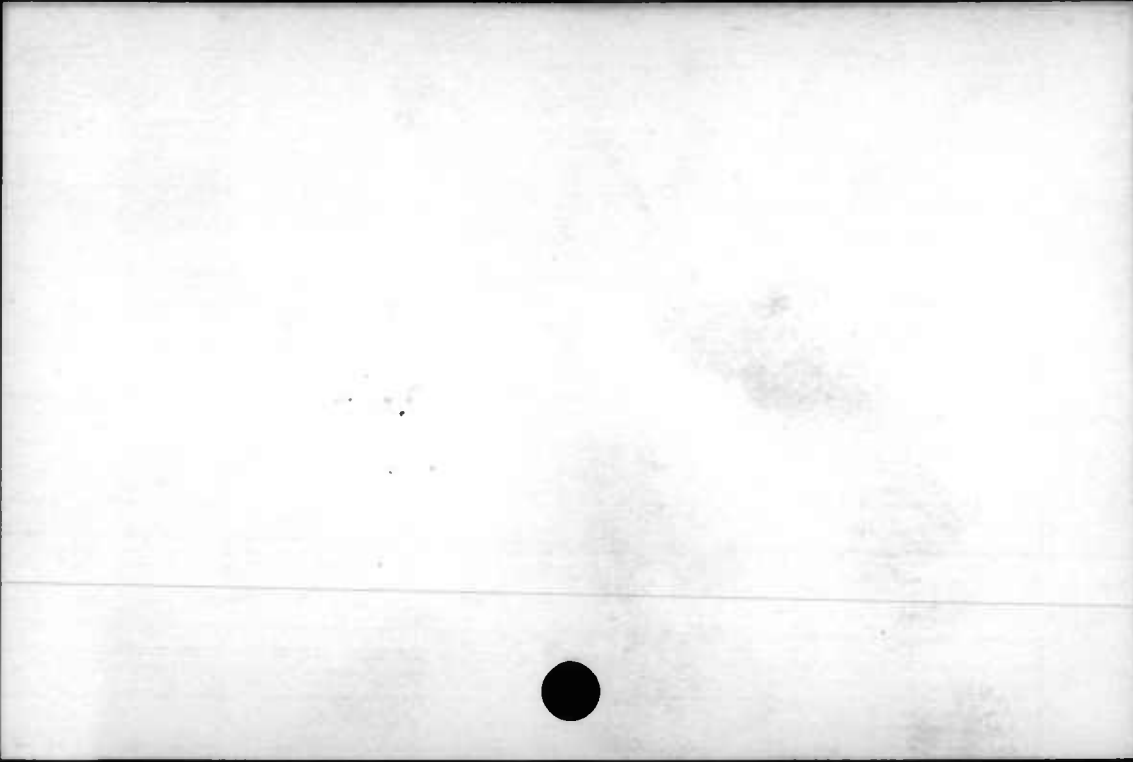
Address

Yes

John Ridout, M.D.
Annapolis
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Thomas Jennings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} 2^d district — ^{County} Anne Arundel MARYLAND

Date of death 1903 ^{Month} Nov. ^{Day} 8th ^{Age} 75 ^{Years} — ^{Months} — ^{Days} —

Sex Male ^{Color or Race} Col. ^{Birth-place} Md

Occupation Farmer ^{Where Residing if not at place of death} 2^d District

Married, Single or Widowed Married ^{Name of Wife or Husband} Margaret Lydings

Father's Name — ^{Father's Birthplace} —

Mother's Maiden Name — ^{Mother's Birthplace} —

Name of person giving information Joseph Turner ^{How related to deceased} none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Senility ^{How long} Months

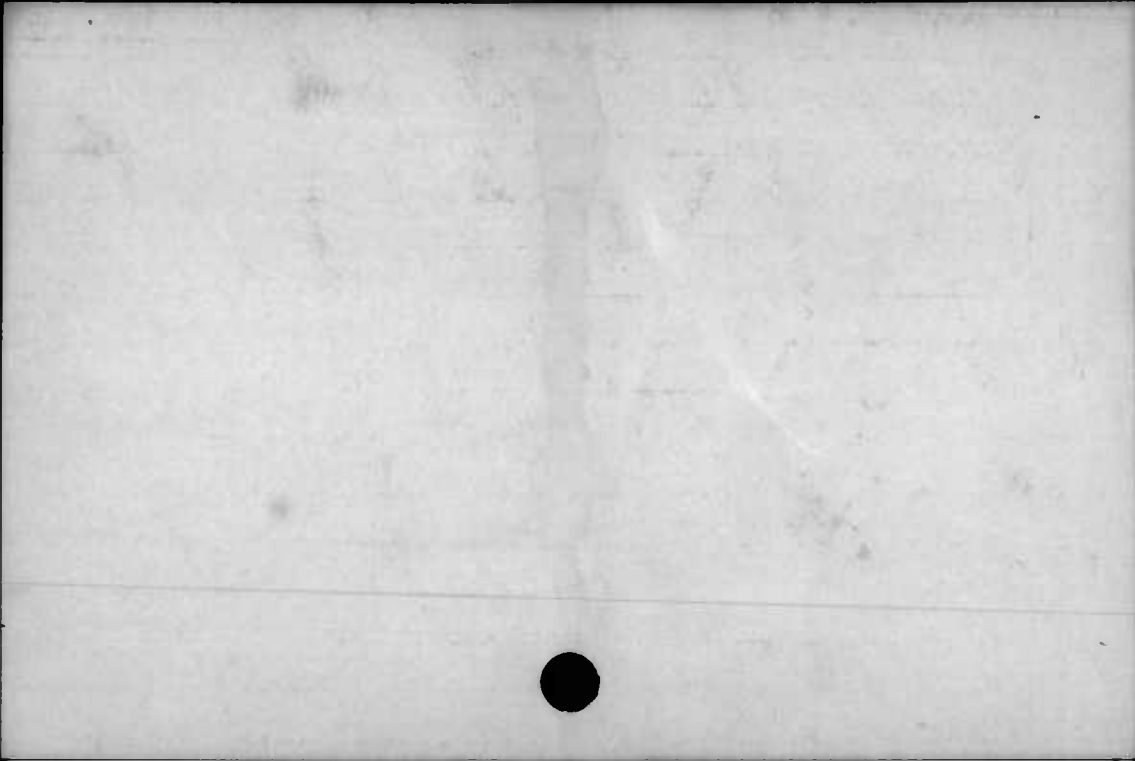
Immediate Exhaustion ^{How long} —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John Ridout, M.D.

Address Annapolis Md

Accident or Suicide?



Name

in
FullAdeline ~~Matthews~~ Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Harmans^{County} Anne Arundel

MARYLAND

Date
of death 1903Month
NovemberDay
12thAge
56^{Years}

Months

Days

Sex
FemaleColor or
Race

Black

Birth-
place Prince Georges HillMarried, ~~Single~~
or ~~Widowed~~

Occupation

Housekeeper

Name of Wife or
Husband

Nolley Johnson

Father's
Name

Caleb Briggs

Father's
Birthplace

Anne Arundel

Mother's
Maiden Name

Eloize Bath - Last name unknown

Mother's
Birthplace

Anne Arundel

Name of person giving
Information

Eloiza Briggs

How related
to deceased

Sister in law

CAUSES OF DEATH

Primary

Mitral Regurgitation

How long

one year

Immediate

Heart Failure

How long

8 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

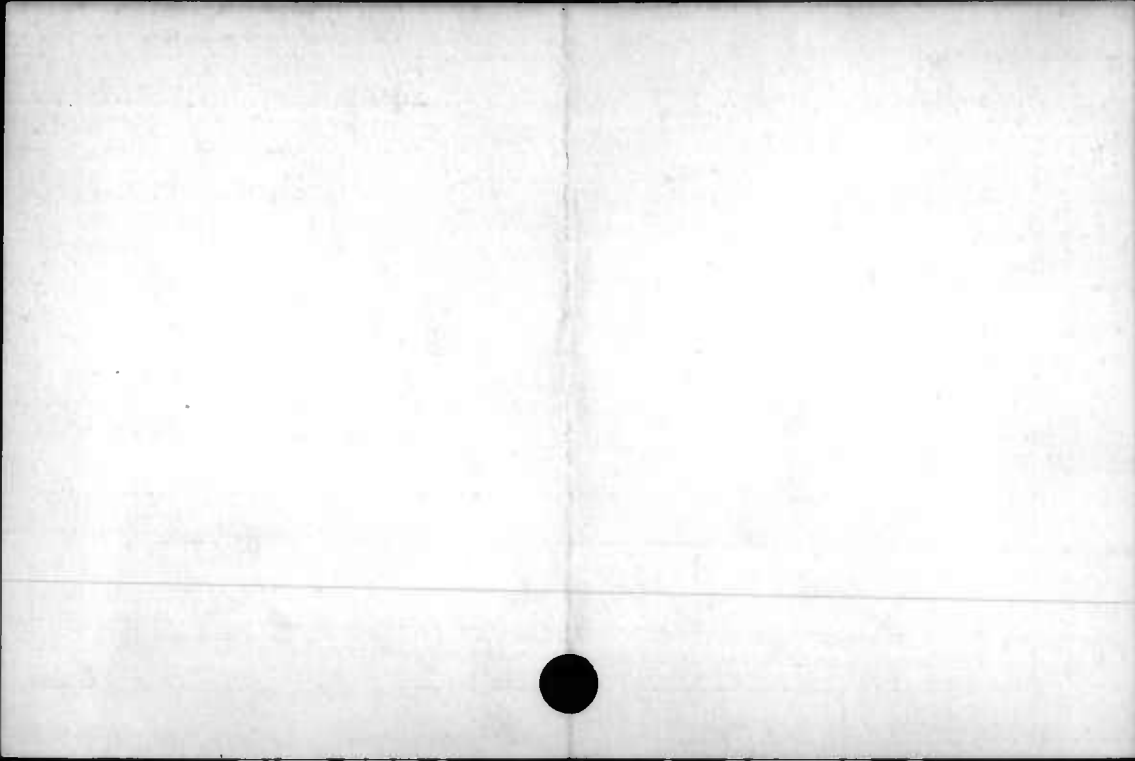
C. R. Winkleson

Address

Expiage

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Isaac Miller

CERTIFICATE OF DEATH

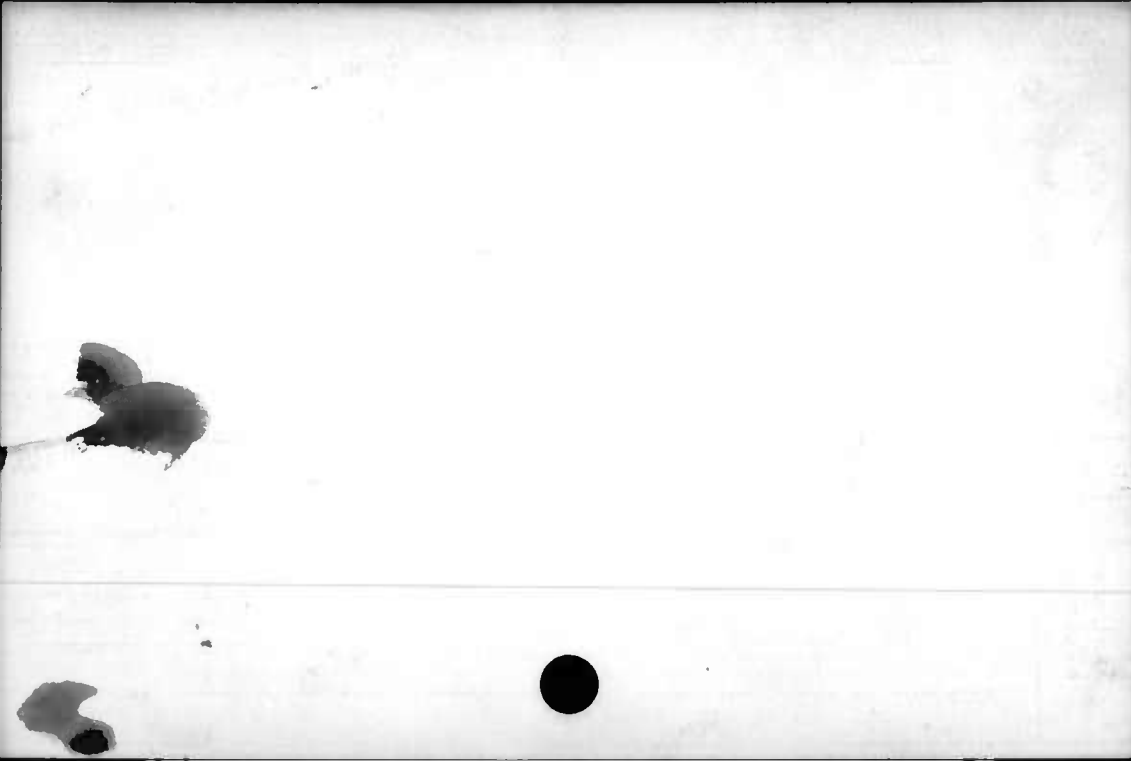
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Waterbury</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>November</i>	Day <i>2</i>	Years <i>Age about 60</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Anne Arundel Co.</i>		
Occupation <i>Laborer.</i>			Where Residing if not at place of death <i>near Waterbury</i>		
Married <i>Married</i>		Name of Wife or Husband <i>Mary Jane Stockton Miller</i>			
Father's Name <i>Henry Miller</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Priscilla Newkirk</i>			Mother's Birthplace <i>" "</i>		
Name of person giving Information <i>Mary A Miller</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lung cancer</i>	How long
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>H. B. Gantt</i>
	Address <i>Millersville</i>
Accident or Suicide <i>Ed. Boyce Acting Coroner</i>	<i>Seal</i> <i>Me</i>



Name
in
Full

Eliza Myers

CERTIFICATE OF DEATH

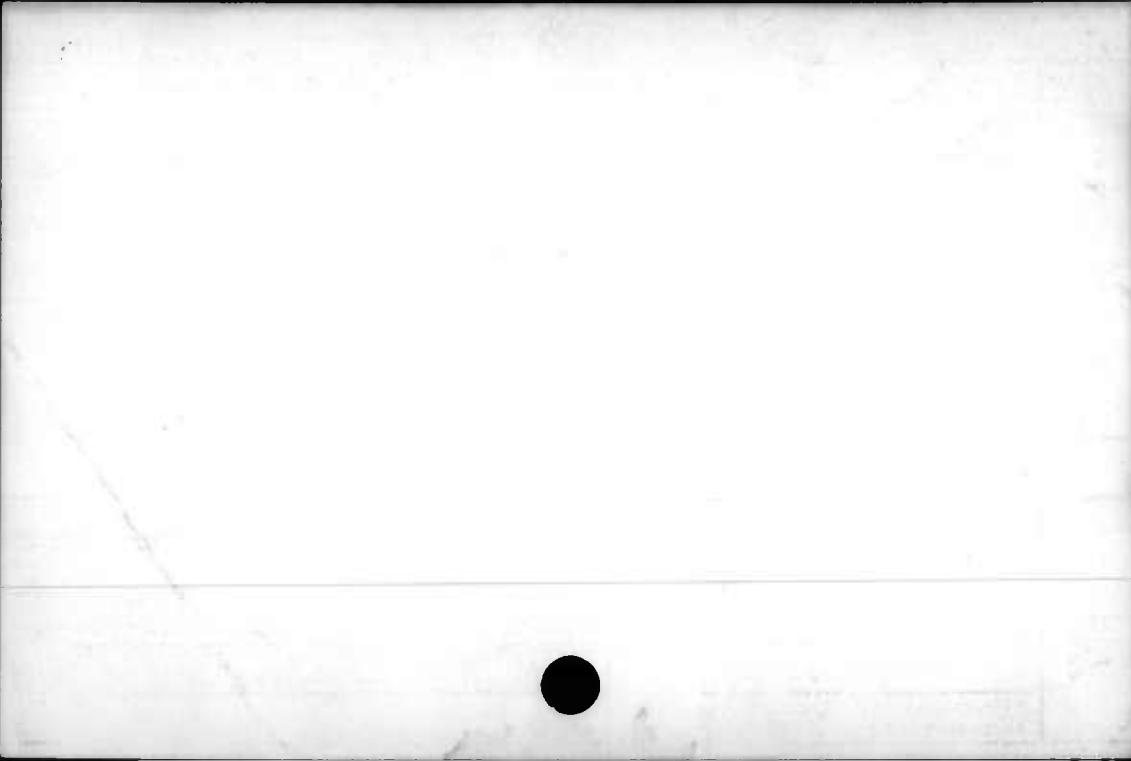
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Banfield</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death	<u>1903</u>	Month	<u>11</u>	Day	<u>30</u>
Age		<u>25</u>	Years	Months	<u>8</u>
Sex		<u>Female</u>	Color or Race	<u>White</u>	Birth-place
Occupation		<u>House-Wife</u>		Where Residing if not at place of death	
Married, Single or Widowed		<u>Married</u>		<u>Baltimore Md</u>	
Husband's Name		<u>Charles Myers</u>		Husband's Birthplace	
Father's Name		<u>Thomas O. Pumphrey</u>		Father's Birthplace	
Mother's Maiden Name		<u>Rachel Steer</u>		Mother's Birthplace	
Name of person giving Information		<u>Rachel Pumphrey</u>		How related to deceased	
				<u>Mother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Phthisis</u>	How long	<u>6 mths.</u>
Immediate	<u>Exhaustion</u>	How long	<u>3 wks -</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes.</u>		<u>A. B. Gantt</u>	
		Address	
		<u>Melrose Md</u>	
Accident or Suicide?			



Name
in
Full

Catherine Norfolk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Near Friendship ^{County} A

MARYLAND

Date of death 1903 Month Nov Day 30 Age 39 Years Months Days

Sex Female Color or Race White Birth-place Calvert Co

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Samuel Norfolk

Father's Name Richard Inatt ✓ Father's Birthplace Calvert Co

Mother's Maiden Name Stallings Mother's Birthplace Calvert Co

Name of person giving Information Samuel Norfolk How related to deceased Husband

CAUSES OF DEATH

Primary Tuberculosis How long 12 Months

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes

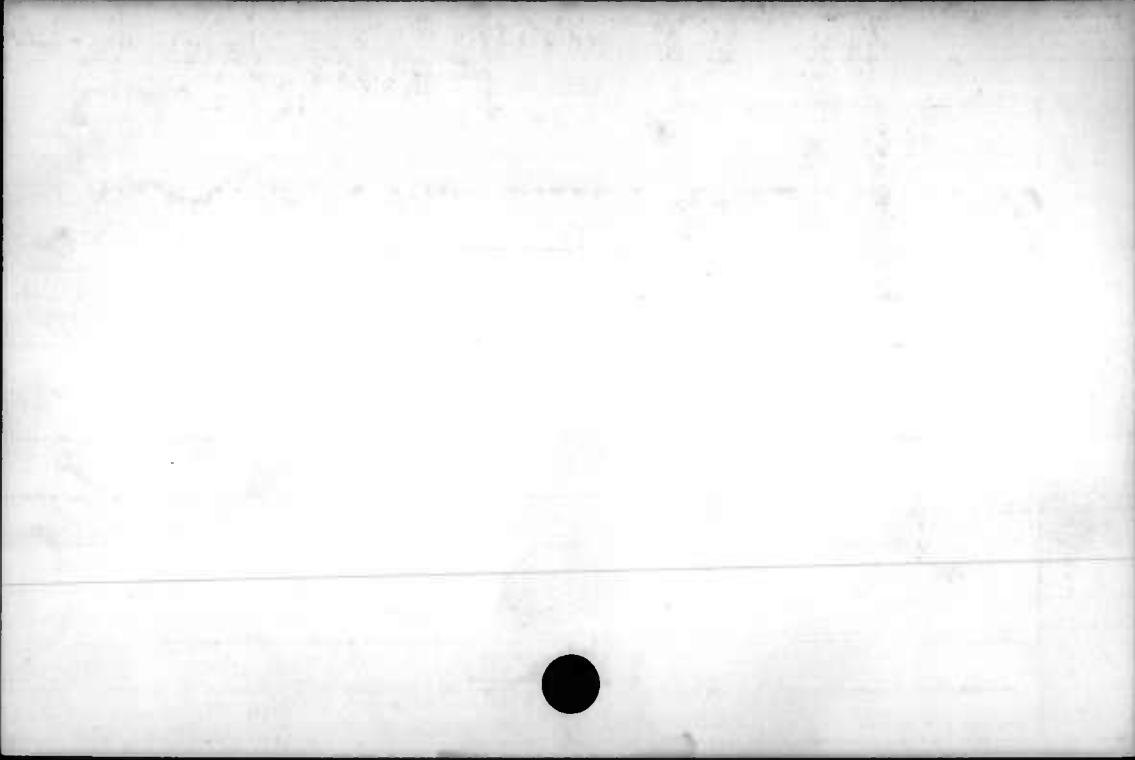
Signature of Physician

Address

J L Mayshaw
Friendship
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name In Full

James Ridgely

Certificate of Death

Died at Conaway, Town Anne Arundel, County MARYLAND

Date 203 11. Month 26 Day 17. Y. 5 M. aa D. co. Native of Laborer. Occupation

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of
Wife

Father's
Name

Wm Ridgely

Mother's
Name

Mary Johnson

Cause of

Primary

Gun shot wound in neck

How long sick

Sudden

Death

Immediate

Hemorrhage

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

C. Joyce Insure, The Sea

Address

Mullinsville, Va. Acting Coroner.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

The undertaker was R. J. Williams
of Waterbury, Md.

Attended by Dr. W. B. Gault
of Mullersville, Md.

Information contained in this certificate re-
ceived from Wm. Ridgely
and S. Edward Parker

Name in Full *Louise O. M. Scriba*

CERTIFICATE OF DEATH

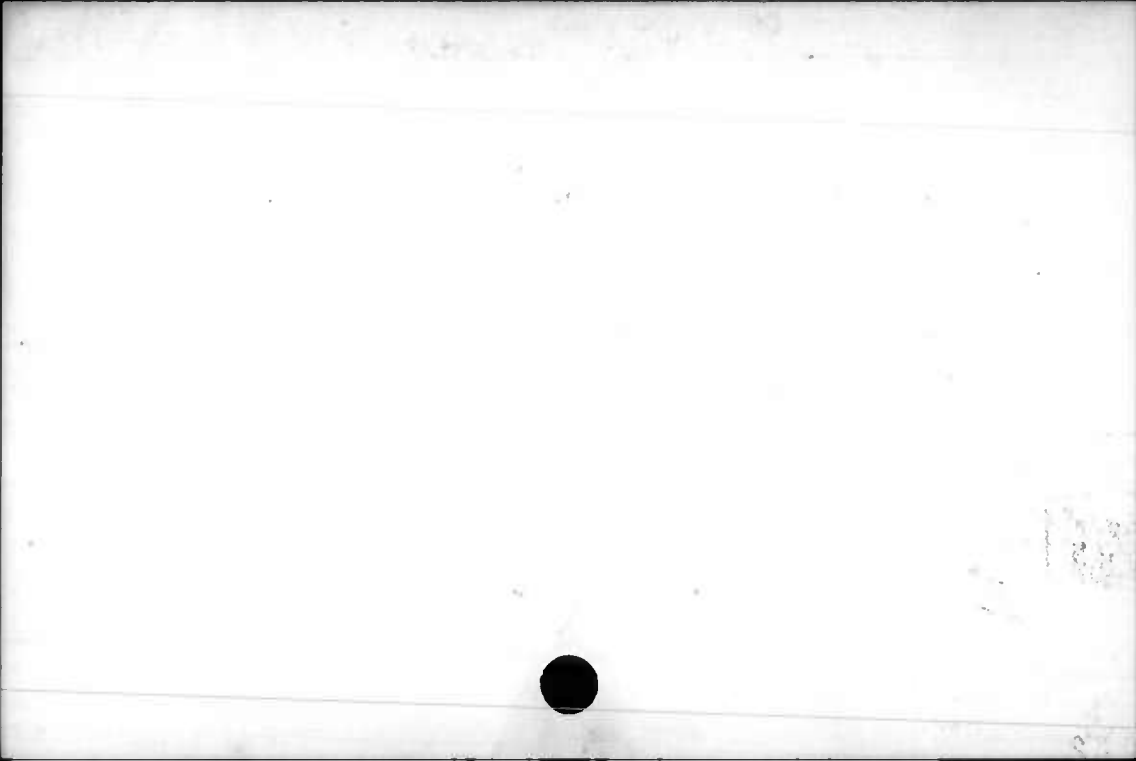
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>So. Balto</i> ^{Town}		<i>Q. A.</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	<i>Nov</i> ^{Month}	<i>25</i> ^{Day}	Age <i>—</i> ^{Years}	<i>4</i> ^{Months}	<i>1</i> ^{Days}
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto, Md</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Louis Scriba</i>		<i>71</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Marie Deichrader</i>				Mother's Birthplace <i>Germany</i>	
Name of person giving Information <i>Louis Scriba</i>				How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infantile Convulsions</i>		How long	<i>6 hours</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>J. P. B. Horton M.D.</i>	
			Address <i>So. Balto. Md</i>	
Accident or Suicide?		<i>—</i>		



Name
in
Full

Thomas Simmons

CERTIFICATE OF DEATH

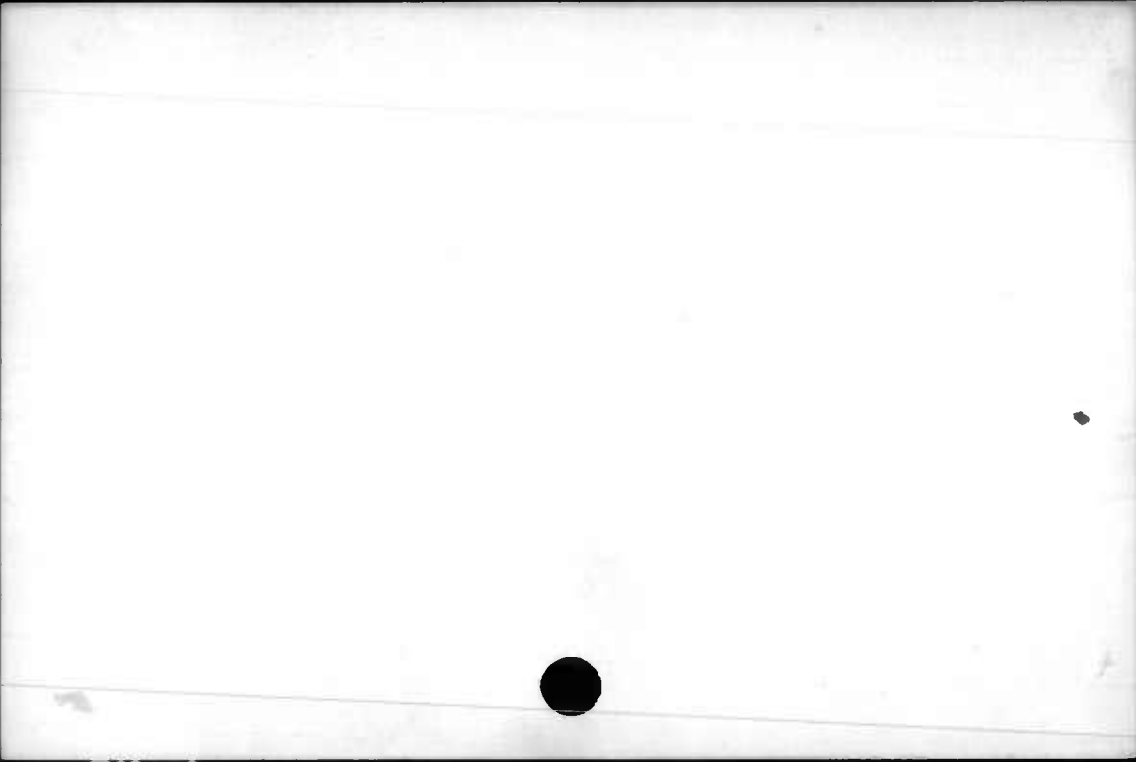
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sudley</i> ^{Town}		<i>A. A.</i> ^{County}		MARYLAND	
Date of death	<i>1903</i> ^{Month}	<i>Nov.</i> ^{Day}	<i>6</i> ^{Age}	<i>14</i> ^{Years}	<i>Months</i> ^{Days}
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>Sudley</i>
Occupation			Where Residing if not at place of death		
Married ^{Single}			Name of Wife or Husband		
Father's Name			<i>Thomas Simmons</i> <i>85</i>		
Mother's Maiden Name			<i>Ida Brandell</i>		
Name of person giving Information			<i>Thomas Simmons</i>		
			Father's Birthplace <i>A. A. Co., Md.</i>		
			Mother's Birthplace <i>A. A. Co., Md.</i>		
			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heavy lifting</i>	How long
Immediate	<i>Internal Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>Yes</i>		<i>Geo. T. Dent</i>
		Address
		<i>Churchton</i>
Accident or Suicide?		<i>Md</i>



Name
in
Full

Mary Smith

CERTIFICATE OF DEATH

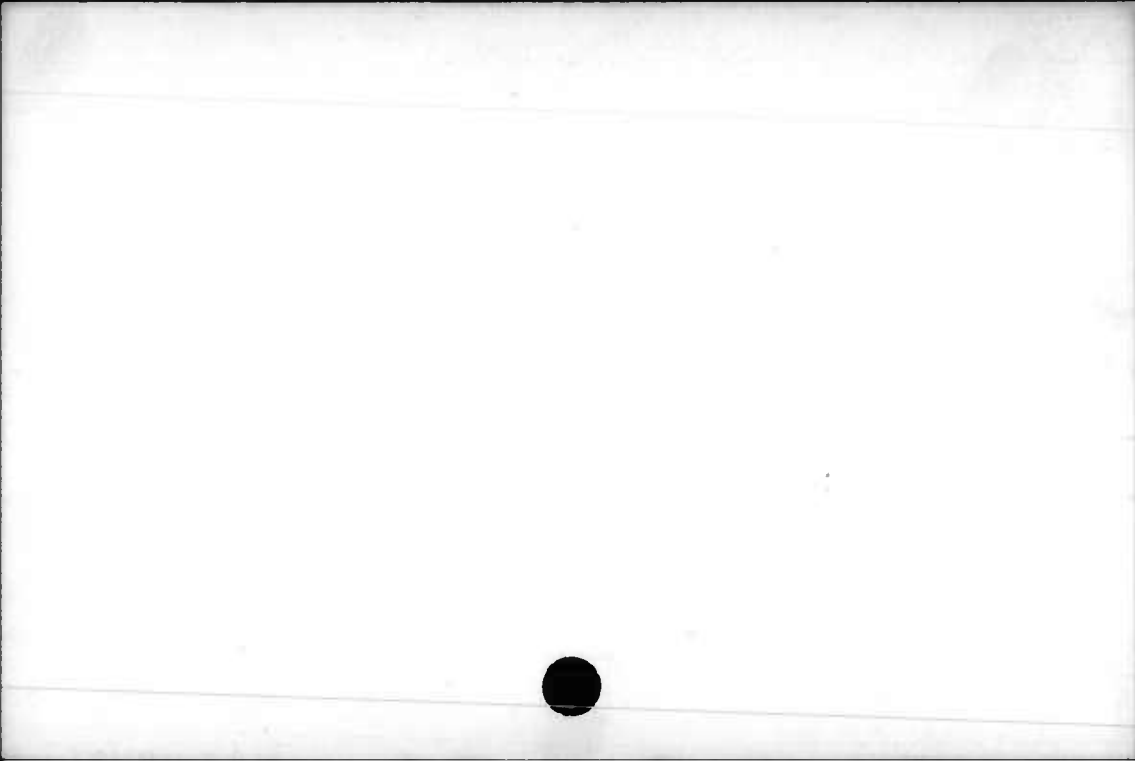
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>South River</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>Nov.</i>	Day <i>9</i>	Age <i>72</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>South River</i>				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>45</i>		Father's Birthplace	
Mother's Maiden Name <i>Sophia Brown</i>		Mother's Birthplace <i>A. C. Co.</i>			
Name of person giving Information <i>Nargile Smith</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	How long <i>3 yrs</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Collinson</i>
	Address <i>South River</i>
Accident or Suicide?	<i>Not</i>



Name
in
Full

(Elsie) Snowdon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>AA</i>		MARYLAND	
Date of death 1903	Month <i>Nov</i>	Day <i>6th</i>	Age <i>55</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Md.</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Midwife</i>				
Name of Wife or Husband <i>Jeremiah Snowdon</i>					
Father's Name <i>Jorsey</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Jorsey</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Rose Taylor</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Abscess</i>	How long <i>Months</i>
Immediate <i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Ridout</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

Roman Stryjeski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *E. Brooklyn* Town *9* County *9*

DATE of death 190 *3* Month *Nov.* Day *4* Age Years Months *3* Days *1*

Sex *Male* Color or Race *White* Birth-place *Balto*

Married, Single or Widowed *Single* Occupation *None*

Name of Wife or Husband

Father's Name *Sigmond Stryjeski* 151 Father's Birthplace *Poland*

Mother's Maiden Name *Joséphine Kalwinski* Mother's Birthplace *Poland*

Name of person giving information *Sigmond Stryjeski* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Marasmus* How long *2 months*

Immediate *Asthma* How long

Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *J. J. Josephson*

Address *230 S. Bond St., Balto.*

Accident or Suicide?



Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

General George Hume Stuart

Died at *Mt. Stuart* ^{town}*Anne Stundel Co.* ^{County}

MARYLAND

Date
of death *1903*Month
*Nov.*Day
*22*Age
*75 -*Months
*Two*Days
29

Sex

*Male*Color or
Race*White*Birth-
place*Baltimore, Md.*

Occupation

*Farming*Where Residing if not
at place of death*at Mt. Stuart*Married, Single
or Widowed*Widowed*Name of Wife or
Husband*Maria H. Stuart.*Father's
Name*General George H. Stuart Sr.*Father's
Birthplace*Maryland.*Mother's
Maiden Name*Ann Jane Edmondson*Mother's
Birthplace*Baltimore*Name of person giving
in formation*James E. Stuart*How related
to deceased*Nephew*

CAUSES OF DEATH

Primary

Gastric Ulcer

How long

6 months.

Immediate

Hemorrhage

How long

*2 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*John Collins**South River**Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Reginald Barrow Tucker

CERTIFICATE OF DEATH

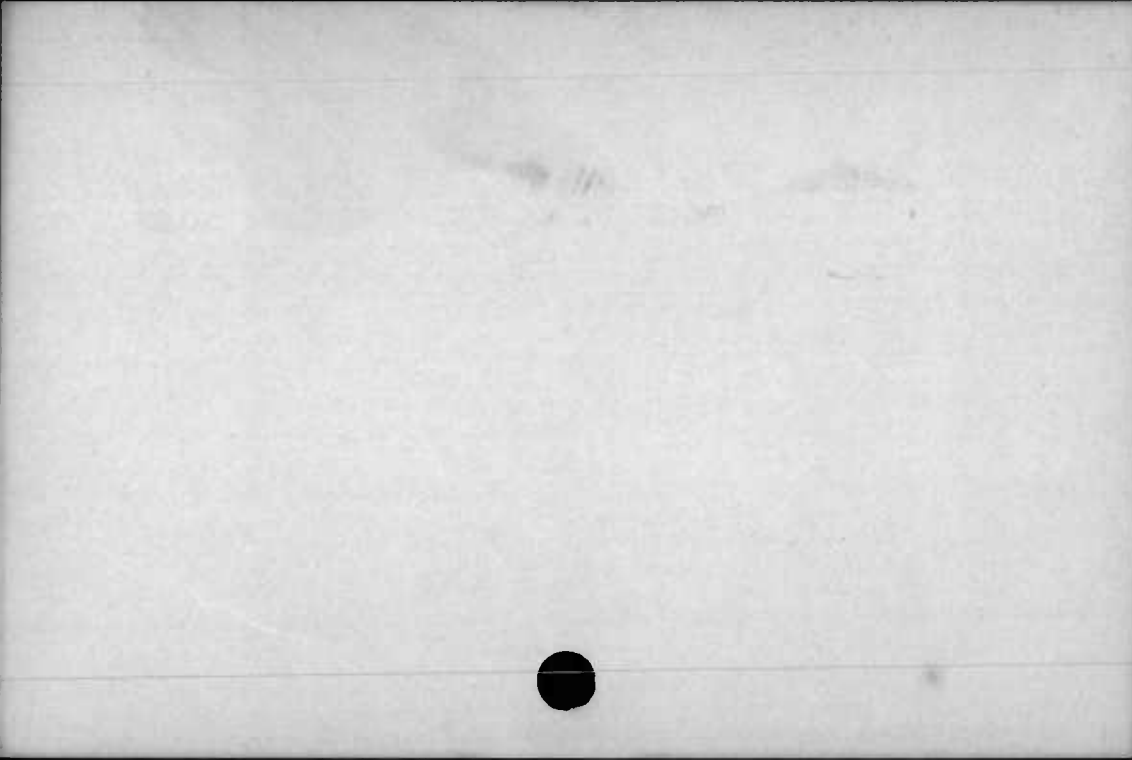
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Campsville</i>		Town <i>Campsville</i>		County <i>Amesbury</i>		MARYLAND	
Date of death	1903	Month	10	Day	15	Years	5
Sex	Male	Color or Race	White	Birth-place		<i>Warren</i>	
Occupation				Where Residing if not at place of death <i>same place</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Samuel Tucker</i>					Father's Birthplace	<i>A. A. Co.</i>
Mother's Maiden Name	<i>L. L. Barrow</i>					Mother's Birthplace	<i>Warren</i>
Name of person giving information	<i>L. S. Barrow</i>					How related to deceased	<i>Brother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Laryngeal diphtheria</i>	How long	<i>11 days</i>
Immediate	<i>Same</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>H. Clement</i>	
Address		<i>9 St. John St. Amesbury, Mass.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

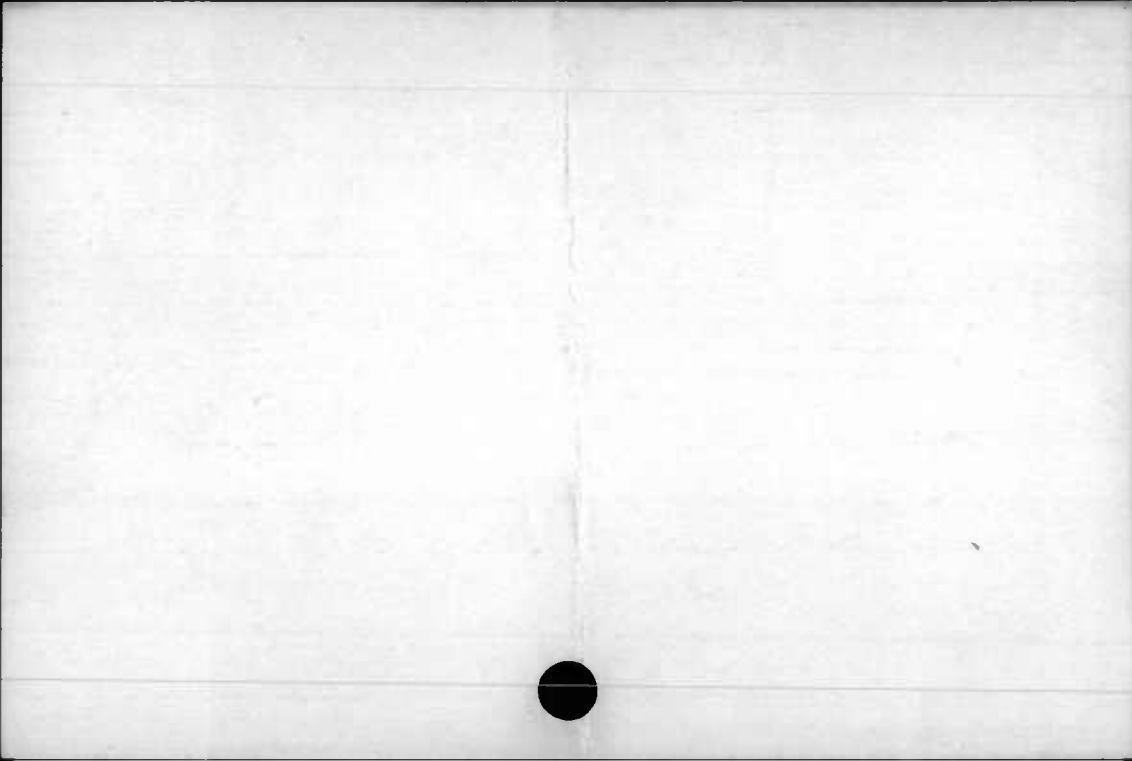
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Iglehart</i> Town <i>Ward</i> County <i>Annandale</i>		MARYLAND	
Date of death 190 <i>3</i> Month <i>Mar.</i> Day <i>27</i>	Age Years <i>one</i> Months <i>7</i> Days <i>7</i>		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Iglehart's</i>	
Married, Single or Widowed		Occupation	
Name of Wife or Husband			
Father's Name <i>Samuel Ward</i>		Father's Birthplace <i>A.A. Co-</i>	
Mother's Maiden Name <i>Lola E. Levier</i>		Mother's Birthplace <i>" "</i>	
Name of person giving Information <i>Lola E. Ward</i>		How related to deceased <i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown. Did not see</i>	How long <i>2 days -</i>
Immediate <i>The child until after death</i>	How long <i>Natural Cause</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Bryant</i>
	Address <i>Millersville</i>
Accident or Suicide?	<i>ML</i>



Earl Ward

Died at Sudley Town aa County MARYLAND

Data 1903 Nov Month 11 Day 1-2- Y. U.S M. 6 D. 6 Native of U.S Occupation _____

Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Singla~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~
~~Wife~~

Father's Name Harry Ward Mother's Name Kate Hall
Maiden Name Kate Hall

Cause of Death { Primary Cerebro-spinal meningitis How long sick 2 days
Immediate Convulsions Accident, Suicide, Homicide

Reported by Harry Walter Ratimer
Address West River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Edward D Wheaton

CERTIFICATE OF DEATH

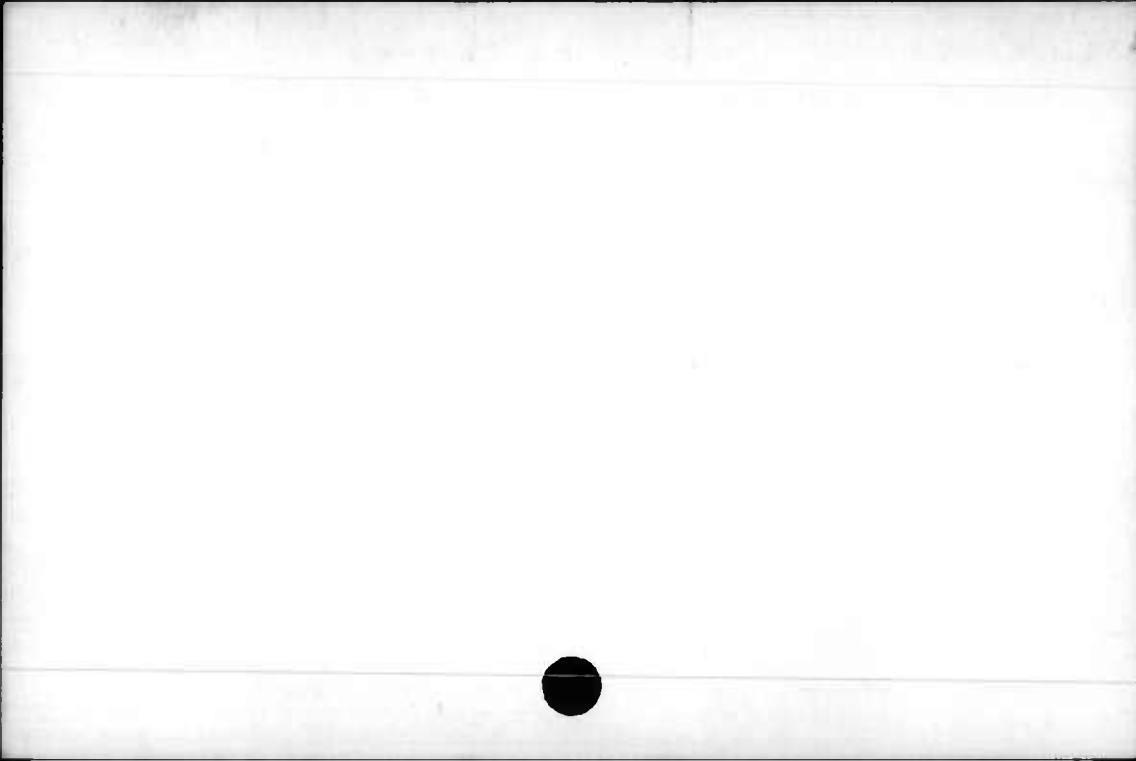
Died at *So. Baltimore* ^{Town} *W. Co.* ^{County}

MARYLAND

Date of death *1903* ^{Month} *Nov.* ^{Day} *29-* ^{Years} *28-* ^{Months} *9* ^{Days} *7*Sex *Male* Color or Race *White* Birth-place *Brooklyn, N.Y.*Occupation *None at present* Where Residing if not at place of death *—*~~Married~~ Single Name of Wife or HusbandFather's Name *J. D. Wheaton* Father's Birthplace *Ava Scotia*Mother's Maiden Name *Mary E. Crowell* Mother's Birthplace *Ava Scotia*Name of person giving Information *J. D. Wheaton* How related to deceased *Father*

CAUSES OF DEATH

Primary *Tuberculosis of Lung* How long *3 years*Immediate *Heart Failure* How longAre the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Thos. B. Horton M.D.*Address *So. Baltimore - Md.*Accident or Suicide? *—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rachel Ann Williams</i>		Town <i>Jessup</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at		Date of death <i>190</i>		Age <i>46</i>		Months <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Va.</i>		Days <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, <i>yes</i>		Name of Wife or Husband <i>Rodolphus Williams</i>					
Father's Name <i>Cupid Blue</i>		Father's Birthplace <i>Va</i>					
Mother's Name <i>Catherine Blue</i>		Mother's Birthplace <i>Va</i>					
Name of person giving Information <i>Rosa Culver</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic nephritis</i>	How long <i>2 yrs</i>
Immediate	<i>uraemic coma</i>	How long <i>Seven hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>R. T. Hammond</i>
		Address <i>Jessup Md</i>
Accident or Suicide?	<i>no</i>	

